

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006049

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

128

Primary Registration District No.

200

Registrar's No.

288

STATE FILE NUMBER

FILED MAR 4 1963

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

Springfield

Length of stay in 1b

25 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Handley Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Greene

c. CITY

Springfield

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

1011 N. Grant

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

EDWARD

Middle

LEO

Last

MARTIN

Date

Month

Day

February

Year

22 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Jan 3, 1908

## 9. AGE (last birthday)

60

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

## 10b. KIND OF BUSINESS OR INDUSTRY

Restaurant

## 11. BIRTHPLACE (City and state or country)

Rochester, N. Y.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Peter Martin

## 13b. MOTHER'S MAIDEN NAME

Nellie Wilcox

## 14. NAME OF HUSBAND OR WIFE

Pearl Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs Pearl Martin, Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY

## IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

2/11/63 1 P M

to 2/22/63

and last saw him alive on 2/22/63

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Lymman D. Brown M.D.

## 22b. ADDRESS

311 1/2 College

## 22c. DATE SIGNED

3/1/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

Feb 26, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Hazelwood

## 23d. LOCATION (City, town, or county)

Springfield, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Jewell E. Windle, Springfield, Mo.

## 25. DATE RECD. BY LOCAL REG.

3-1-63

## 26. REGISTRAR'S SIGNATURE

Effie E. Mellen

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

6397

6397

3

4 0

5 1

6

7 1

8 0

9/34.1

10

11

126-0

13

Form 2-25-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.